

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584717

FILING DATE

6-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9		1				
10						
11		1				
12						
13	1					
14		1				
15						
16						
17						
18	1					
19		1				
20			1			
21		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	21	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████